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CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify that the correspondence to which this certificate is affixed, including each document referred to therein as being enclosed or submitted therewith, is being deposited with the United States Postal Service with sufficient postage as first class mail addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

By: Lewis J. Kreidler
Lewis J. Kreidler
Reg. No. 38522

Date: 5/28/04

PATENT .

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):	Shalini Sharma	Atty. Ref.:	18015-D3
Appl. No.:	10/684,740	Group Art Unit:	1624
Filed:	October 14, 2003	Examiner:	S. Patel
Title:	COMPOUNDS FOR THE TREATMENT OF METABOLIC DISORDERS		

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May 28, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

SUPPLEMENTAL
INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR 1.56, 1.97 and 1.98, the attention of the Examiner is directed to the documents listed on the enclosed Form PTO-1449. Copies of the listed documents are in the parent application serial number 10/167,839 and are therefore not being submitted with this IDS. 37 CFR 1.98(d).

In addition, applicants enclose an International Search Report, dated May 17, 2004, in connection with corresponding International Patent Application No. PCT/US02/18388. Each of the documents listed in the Search Report is listed in the Form PTO-1449 enclosed herewith.

Inventor(s): Sharma
Application No.: 10/684,740
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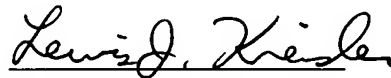
Each of WO 99/11255 and DE 2,309,986, which are not in the English language, either contains or is accompanied by an English language abstract.

This Communication is being filed within three months of the filing date or before the mailing of a first Office Action on the merits. 37 CFR 1.97(b).

Each of the documents listed on the enclosed Form PTO-1449 was first cited in the International Search Report not more than three months prior to the filing of this Information Disclosure Statement. 37 CFR 1.97(c) (1) and (e)(1). Consideration of this Statement is respectfully requested.

It is believed that no fee is required in connection with the filing of this Statement. If any fee is required, the Commissioner is hereby authorized to charge the amount of such fee to Deposit Account No. 50-1677.

Respectfully submitted,



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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449B/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;"><i>Complete if Known</i></th> </tr> <tr> <td style="padding: 5px;">Application Number</td> <td style="padding: 5px;">10/684,740</td> </tr> <tr> <td style="padding: 5px;">Filing Date</td> <td style="padding: 5px;">October 14, 2003</td> </tr> <tr> <td style="padding: 5px;">First Named Inventor</td> <td style="padding: 5px;">Shalini Sharma</td> </tr> <tr> <td style="padding: 5px;">Group Art Unit</td> <td style="padding: 5px;">1614</td> </tr> <tr> <td style="padding: 5px;">Examiner Name</td> <td style="padding: 5px;">Sudhaker Patel</td> </tr> <tr> <td style="padding: 5px;">Attorney Docket Number</td> <td style="padding: 5px;">18015-D3</td> </tr> </table>	<i>Complete if Known</i>		Application Number	10/684,740	Filing Date	October 14, 2003	First Named Inventor	Shalini Sharma	Group Art Unit	1614	Examiner Name	Sudhaker Patel	Attorney Docket Number	18015-D3
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Group Art Unit	1614														
Examiner Name	Sudhaker Patel														
Attorney Docket Number	18015-D3														
Sheet 2 of 2															

[illegible]

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Washington, DC 20231.